North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

THE CHILD PLAN

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Our Mission

North Carolina will provide children and families with mental health needs a system of quality care that includes accessible, culturally appropriate, individualized mental health treatment, intervention and prevention services, delivered in the home and community, in the least restrictive and most consistent manner possible.

Quarterly Updates

Progress of implementing the child plan will be reported regularly to the Secretary of DHHS, Division management and staff , the N.C. State Collaborative for Child and Family Services and to other stakeholders.

Comments or questions?
Email us:
ContactChildPlan@ncmail.net

Call us: (919) 715-2656

Mail to:
Susan E. Robinson
Project Manager
DMH/DD/SAS
3021 Mail Service Center
Raleigh, 27699-3021

CHILDREN & FAMILIES: THE HEART OF THE PLAN

"The Child Mental Health Plan (Sept. 2003) is focused on the needs of children and families," says Susan Robinson, Plan manager. "They are at its heart. When all is said and done, the system must support children and families in ways that will allow them to live full and satisfying lives in their communities."

Implementing the Child Mental Health Plan is a top priority for the Division. The Plan identifies a range of issues to be resolved. For example, the serious mental health problems of children aged three to five years are different than those of older children. Young children must have access to medically necessary, developmentally appropriate services. The Plan calls for study of this group to determine how children can get the services they need.

Some things in the Plan remain the same. For example, respite, therapeutic respite and day treatment continue to be in the service array. Residential and developmental day service definitions remain in effect for July 2004, but are under study. All definitions must be reviewed and approved by the Division of Medical Assistance (DMA) and the federal center for Medicaid and Medicare Services (CMS). We expect implementation in 2005.

Other issues involve child and family teams and the child's person-centered plan (PCP). One question is, "How do we maintain continuity of child and family teams and plans while local programs are in transition from their roles as managers and providers of services to their new role as managers of services only?" The expectation in the Plan is that even as the system evolves, child and family teams and plans must be in place for all eligible children being served. Youth and family involvement is essential.

Another question to be answered is, "What elements of the PCP can be supported by public dollars?" Still another concerns the array of services available for children and families. The Plan calls for best practices to be available to meet child and family needs.

Community collaboratives, groups that work together for children in local communities, will continue to be an important part of child services and supports. The Plan calls for training and technical assistance to enhance these vital pieces of the statewide system of care.

Partnerships among the Division, families and other stakeholders will be key as we look for better ways to serve and support North Carolina's children and youth most in need.

IMPLEMENTING THE PLAN

In November, the Division appointed Susan Robinson as the Child Mental Health Plan Manager. Susan's experience and expertise in public and private service delivery and passion for improving outcomes for children and their families is longstanding. Her charge is to guide the necessary steps in implementing the Plan. She has coalesced a group of Division staff to participate in this operation. Her extensive contacts with other stakeholders enables the collaboration necessary for success.

Susan E. Robinson,
Plan Manager

PROGRESS MADE AS OF MARCH 31, 2004

- DMHDDSAS steering committee reviewed a cross-walk of tasks and timelines between the State Plan and the Child Plan.
- Detailed tasks and timeline defined and issue log established.
- Presentations made to the NC General Assembly House Interim Committee, the State Collaborative, Commission on Children with Special Health Care Needs (Health Choice), NC Pediatric Society and other groups.
- DMHDDSAS implementation committee convened for coordination of tasks and deliverables.
- Meetings held with key stakeholders and providers.
- Communications plan and training plan drafted.
- Child target populations, service definitions and service arrays reviewed.
- Assessment protocols under development.
- Residential levels of care under study.
- Technical assistance documents for child and family teams and plans drafted.

CRITICAL SUCCESS FACTORS

There are key strategies that, when achieved, propel the system toward attainment of its vision. For this Plan, seven factors are considered critical for achieving positive change.

As requested by the State Collaborative, we will monitor and report on these regularly.

Communication: This newsletter and presentations with groups are underway. An updated web page, news releases and technical documents will also be developed.

Partnerships: Meetings with several stakeholder groups provide valuable feedback.

Resources, best practices, access, accountability and MOUs: These critical success factors are currently being addressed through review of reform documents, rules and policies as we advocate for the needs of children and families.

ACTIVITIES & DELIVERABLES

To accomplish the goals of the Child Mental Health Plan, specific developments must occur during the state's fiscal years of 2004 and 2005. Key activities & deliverables for the next quarter (April-June) are:

Operations/rules/policies

- Technical assistance documents on child & family teams, person-centered plans & community collaboratives.
- Recommendations regarding service definitions, target populations and service array.
- Rules or policies developed to govern local collaborative agreements.
- Rules or policies applicable to child residential levels of care and continuity of care.
- Memoranda of understanding (MOU) among child-serving agencies.

Funding for community child services & supports

- Start-up and ongoing funding for expanding community capacity.
- Strategy for funding community collaboratives and family involvement.

Transitioning children to home communities

- Assessment protocols for children.
- Plan for assessing children in residential, PRTFs and state facilities.

Quality management

- QM plan and database.
- Performance measures including child/family satisfaction.
- Child/family outcomes measures.

Communications

- Comprehensive communications plan.
- Web pages updated.
- Periodic newsletter & progress reports.

Training

- Comprehensive training plan including audiences, content, methods & resources.

FACTS & FIGURES

State Fiscal	Number
1997-1998	76,485
1998-1999	78,185
1999-2000	64,698
2000-2001	74,723
2001-2002	85,703

Children & adolescents with a mental health diagnosis served by area mental health programs

Did you know?

Children and youth who need the level of care provided by a Psychiatric Residential Treatment Facility (PRTF) may now be referred and admitted to PRTF programs at Dorothea Dix and John Umstead hospitals directly without admission to the acute units at these facilities. The use of community-based PRTFs and other residential services is encouraged when available.

Contacts:

- Dr. Mark Stein, Program Director, Dorothea Dix Hospital PRTF (919) 733-5537
- Debra Ferrell, Umstead Hospital PRTF, (919) 575-7036